

# KANSAS DEPARTMENT FOR CHILDREN AND FAMILIES

## Application for Vocational Rehabilitation Services

SOCIAL SECURITY NUMBER

LAST NAME		FIRST NAME		MIDDLE INITIAL	PREVIOUS NAMES USED
CURRENT STREET ADDRESS		CITY		STATE	ZIP CODE
MAILING ADDRESS (IF DIFFERENT)		CITY		STATE	ZIP CODE
DATE OF BIRTH	TELEPHONE NUMBER (      )		COUNTY	EMAIL ADDRESS	
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		CONTACT PERSON'S NAME AND TELEPHONE NUMBER (someone whose phone number is different than yours who would be able to give you a message) (      )			
U.S. MILITARY VETERAN? ____YES ____NO					
U.S. CITIZEN? ____YES ____NO IF NO, DO YOU HAVE AN: ALIEN REGISTRATION CARD? ____YES ____NO EMPLOYMENT AUTHORIZATION DOCUMENT? ____YES ____NO		MARITAL STATUS CHECK ONE: <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED		RACE CHECK ONE OR MORE: <input type="checkbox"/> WHITE <input type="checkbox"/> BLACK OR AFRICAN AMERICAN <input type="checkbox"/> AMERICAN INDIAN OR ALASKA NATIVE <input type="checkbox"/> ASIAN <input type="checkbox"/> NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	
ETHNICITY: HISPANIC/LATINO ____YES ____NO Other (specify) _____					
What is the primary medical condition, injury, physical/mental impairment or disability that limits your ability to work:  When did this impairment/disability begin? (year) _____					
In addition, please list any other conditions, impairments or disabilities that limit your ability to work.  When did these impairments/disabilities begin? (year) _____					
What is your highest level of education? Check one: <input type="checkbox"/> No formal schooling <input type="checkbox"/> Some elementary school (grades 1-8) <input type="checkbox"/> Some high school (grades 9-12) but no high school diploma <input type="checkbox"/> Special education certificate of completion/attendance <input type="checkbox"/> High school diploma <input type="checkbox"/> GED (high school equivalency certificate) <input type="checkbox"/> Some college or vo-tech education but no degree or certificate <input type="checkbox"/> Associate degree <input type="checkbox"/> Vocational/Technical Certificate <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree or higher			Please check one of the following which best describes your current living arrangement: <input type="checkbox"/> Private residence (either on your own or with your family, or with a roommate) <input type="checkbox"/> Group home <input type="checkbox"/> Rehabilitation facility <input type="checkbox"/> Mental health facility <input type="checkbox"/> Nursing home <input type="checkbox"/> Jail or adult correctional facility <input type="checkbox"/> Halfway house <input type="checkbox"/> Substance abuse treatment center <input type="checkbox"/> Homeless/shelter <input type="checkbox"/> Other		

While in school, did you ever have an Individualized Education Program or IEP (special education)? \_\_\_\_YES \_\_\_\_NO

Are you working? If yes where: \_\_\_\_\_

If no, check one: \_\_\_\_ H.S. Student \_\_\_\_ Other Student \_\_\_\_ Trainee/Intern/Volunteer \_\_\_\_ Other

If you are employed, how many hours do you usually work per week? \_\_\_\_\_

If you are employed, what are your current **weekly** earnings? \$ \_\_\_\_\_ (gross wages, salaries, tips or commissions before payroll or tax deductions)

Are you currently receiving any of the following? If yes, please list the **monthly** amount.

<input type="checkbox"/> SSDI (Social Security Disability Insurance)	Amount: \$ _____
<input type="checkbox"/> SSI (Supplemental Security Income)	Amount: \$ _____
<input type="checkbox"/> TAF (Temporary Assistance for Families)	Amount: \$ _____
<input type="checkbox"/> General Assistance (Public Assistance)	Amount: \$ _____
<input type="checkbox"/> Veterans' disability benefits	Amount: \$ _____
<input type="checkbox"/> Workers' compensation	Amount: \$ _____
<input type="checkbox"/> Any other public support	Amount: \$ _____

Who referred you? Check one:

☐ Grade school or high school  
☐ University, college, or vo-tech school  
☐ Doctor or hospital  
☐ Welfare or public assistance agency  
☐ A rehabilitation program in your community  
☐ Social Security Administration or Disability Determination Services  
☐ One-stop employment, workforce or career center  
☐ Self-referral  
☐ Other \_\_\_\_\_

What is your primary (largest) source of support? Check one:

☐ Your personal income (earnings, interest, dividends, rent)  
☐ Your spouse's income, or support from family and friends  
☐ Public support such as SSDI, SSI, TAF, etc.  
☐ Other sources such as insurance or charities

Do you have any of the following types of medical insurance coverage? Check one or more:

☐ Medicaid  
☐ Medicare  
☐ Workers' compensation  
☐ Private insurance through employment  
☐ Insurance Company \_\_\_\_\_  
☐ Private insurance through other means (for example, insurance through your parents or spouse)  
☐ Insurance Company \_\_\_\_\_  
☐ None

To help us coordinate your services, please check any other SRS services you are receiving. Check one or more if you are receiving the following:

☐ Temporary Assistance (TAF)  
☐ General Assistance (GA)  
☐ Food Stamps  
☐ Children and Family Services  
☐ Foster Care  
☐ Child Support Enforcement  
☐ Kan Be Healthy  
☐ HealthWave  
☐ Child Care  
☐ Adult Protective Services  
☐ Low Income Energy Assistance  
☐ Medicaid  
☐ Working Healthy  
☐ HCBS Waiver  
☐ Other \_\_\_\_\_  
☐ None

Accommodations for communications

☐ Regular print  
☐ Braille  
☐ Large print  
☐ Tape  
☐ 3.5 disk  
☐ CD  
☐ Other language (specify) \_\_\_\_\_

**OFFICE USE ONLY**

In making this application for vocational rehabilitation services, I acknowledge that:

- I am applying for vocational rehabilitation services for the specific purpose of getting and/or keeping a job.
- It is my responsibility to inform my counselor of any changes related to this application, such as changes in my address, income or employment.
- **Prior** written approval from my counselor is needed before Rehabilitation Services will pay for any services.
- Payment for some services may be based on financial need according to my personal or family income.
- I expressly give permission for information about me to be shared within the Department of Social and Rehabilitation Services (SRS). Rehabilitation Services will also have access to information in my Social Security, Disability Determination, SRS, and employment records.
- No one will be discriminated against by Rehabilitation Services because of disability, race, religion, sex, color, national origin, length of residency in the state, or ancestry.
- I have received a Handbook of Services.

Applicant's Signature

Date

Parent's, Guardian's or Legal Representative's Signature (if needed)

Date

Parent's, Guardian's or Legal Representative's Address, Telephone Number, Email address